



## MAIL THIS APPLICATION AND FEE TO:

<u>Department of Agricultural Resources</u>
<u>PESTICIDE BUREAU, Suite 500</u>
<u>251 Causeway Street, Boston, MA 02114-2151</u>

SCANNABLE FORM: IN ORDER TO AVOID RETURN OF FORM PLEASE PRINT NEATLY IN BLACK PEN ONLY

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## 5. HISTORY

SIGNATURE:

1. Have you been found in violation of any statute or regulation pertaining to the use, distribution, or application of pesticides in Massachusetts or any other state in the past(5) years? O yes O No										
If YES, please explain in brief										
This is the:										
Offirst time I have ever taken this exam										
O Second time I have taken this exam										
O Third time I have taken this exam										
6. SIGNATURE AND DATE										
MAIL A CHECK OR MONEY ORDER MADE PAYABLE TO "THE COMMONWEALTH OF MASSACHUSETTS"										

DATE:

## Applicator License Exam: \$ 50 Dealer License Exam: \$100 Commercial Certification Exam: \$100 Private Certification Exam: \$100

FEES AND CATEGORIES

I attest that I will be 18 years of age as of the date of the exam that I have indicated all of the information contained in this form is true

PLEASE DO NOT MAIL CASH

COMMERCIAL CERTIFICATION PRIVATE CERTIFICATION

CATEGORY	MA State Code	<u>Category</u>	MA State Code
Aerial	(34)	Cranberries	(30)
Agriculture	(33)	Dairy/Livestock	(24)
Aquatic	(39)	Greenhouse	(26)
Demonstration and Research	(49)	Poultry	(28)
Food Processing	(50)	Nursery	(29)
Forest	(35)	Sod	(32)
Fumigation	(42)	Small Fruit	(27)
General Pest Control	(41)	Tree Fruit	(25)
General Public Health	(46)	Vegetable	(31)
Mosquito and Biting Fly Contr	col (47)		
Regulatory	(48)		
Rights of Way	(40)		
Sewer Root Control	(55)		
Seed Treatment	(38)		
Shade Trees and Ornamentals	(36)		
Site Sanitation	(45)		
TBT	(54)		
Termite and Structural Pest (	Control (43)		
Turf	(37)		
Vertebrate Pest Control	(44)		
Wood Preservative	(52)		